

County: Dodge
 CHRISTIAN HOME & REHABILITATION CENTER
 331 BLY STREET

Facility ID: 2180

Page 1

WAUPUN 53963 Phone: (920) 324-9051
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 80
 Total Licensed Bed Capacity (12/31/01): 83
 Number of Residents on 12/31/01: 76

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? Yes
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 76

Nonprofit Church/Corporation
 Skilled
 Yes
 Yes
 Yes
 76

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No					1 - 4 Years		30.3	
Supp. Home Care-Personal Care	No					More Than 4 Years		47.4	
Supp. Home Care-Household Services	No	Developmental Disabilities	10.5	Under 65	2.6			22.4	
Day Services	No	Mental Illness (Org./Psy)	27.6	65 - 74	9.2				
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	19.7			100.0	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	59.2	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.6	95 & Over	9.2	Full-Time Equivalent			
Congregate Meals	No	Cancer	1.3			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	2.6		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	23.7	65 & Over	97.4				
Transportation	No	Cerebrovascular	10.5			RNs		3.0	
Referral Service	No	Diabetes	11.8	Sex	%	LPNs		10.2	
Other Services	No	Respiratory	1.3			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	7.9	Male	21.1	Aides, & Orderlies			
Mentally Ill	No			Female	78.9				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other			Pri vate Pay			Fami ly Care			Managed Care			Total Resi - dents	% Of All	
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	1	16.7	258	3	6.3	126	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	5.3
Skilled Care	5	83.3	275	45	93.8	107	0	0.0	0	22	100.0	134	0	0.0	0	0	0.0	0	72	94.7
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		48	100.0		0	0.0		22	100.0		0	0.0		0	0.0		76	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	10.4	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	0.0	80.3	19.7	76
Other Nursing Homes	4.2	Dressing	13.2	56.6	30.3	76
Acute Care Hospitals	77.1	Transferring	25.0	52.6	22.4	76
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	26.3	52.6	21.1	76
Rehabilitation Hospitals	0.0	Eating	59.2	22.4	18.4	76
Other Locations	8.3	*****				
Total Number of Admissions	96	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	6.6	Receiving Respiratory Care		9.2
Private Home/No Home Health	17.3	Occ/Freq. Incontinent of Bladder	56.6	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	7.1	Occ/Freq. Incontinent of Bowel	19.7	Receiving Suctioning		0.0
Other Nursing Homes	3.1			Receiving Ostomy Care		1.3
Acute Care Hospitals	12.2	Mobility		Receiving Tube Feeding		3.9
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		32.9
Rehabilitation Hospitals	0.0					
Other Locations	14.3	Skin Care		Other Resident Characteristics		
Deaths	45.9	With Pressure Sores	9.2	Have Advance Directives		98.7
Total Number of Discharges		With Rashes	1.3	Medications		
(Including Deaths)	98			Receiving Psychoactive Drugs		53.9

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.0	92.7	0.98	86.4	1.05	85.8	1.06	84.6	1.08
Current Residents from In-County	65.8	74.5	0.88	69.6	0.95	69.4	0.95	77.0	0.85
Admissions from In-County, Still Residing	15.6	27.9	0.56	19.9	0.79	23.1	0.68	20.8	0.75
Admissions/Average Daily Census	126.3	95.2	1.33	133.4	0.95	105.6	1.20	128.9	0.98
Discharges/Average Daily Census	128.9	95.2	1.36	132.0	0.98	105.9	1.22	130.0	0.99
Discharges To Private Residence/Average Daily Census	31.6	31.4	1.00	49.7	0.64	38.5	0.82	52.8	0.60
Residents Receiving Skilled Care	100	91.4	1.09	90.0	1.11	89.9	1.11	85.3	1.17
Residents Aged 65 and Older	97.4	97.3	1.00	94.7	1.03	93.3	1.04	87.5	1.11
Title 19 (Medicaid) Funded Residents	63.2	64.2	0.98	68.8	0.92	69.9	0.90	68.7	0.92
Private Pay Funded Residents	28.9	29.6	0.98	23.6	1.23	22.2	1.30	22.0	1.32
Developmentally Disabled Residents	10.5	0.7	15.23	1.0	10.16	0.8	14.03	7.6	1.39
Mentally Ill Residents	27.6	36.0	0.77	36.3	0.76	38.5	0.72	33.8	0.82
General Medical Service Residents	7.9	21.3	0.37	21.1	0.37	21.2	0.37	19.4	0.41
Impaired ADL (Mean)	49.2	49.0	1.01	47.1	1.05	46.4	1.06	49.3	1.00
Psychological Problems	53.9	50.2	1.07	49.5	1.09	52.6	1.03	51.9	1.04
Nursing Care Required (Mean)	7.2	7.5	0.97	6.7	1.07	7.4	0.97	7.3	0.99